Emergency Management Plan

Component 1: Internal Plan

California Commission on Improving Life Through Service
(Revised 5/98)

CALIFORNIA COMMISSION ON IMPROVING LIFE THROUGH SERVICE

Acknowledgment and Thanks!

The following document was developed from the Program Emergency Plan created under the leadership of the Collaborating Agencies Responding to Disasters (CARD Project) of Alameda County.

CARD has played a major role in organizing local non-profit programs for responses during disasters within the San Francisco/Oakland Bay Area.

The Commission thanks CARD for their assistance in helping to increase California's national service programs state of readiness for emergency/disaster situations.

General Directions

Note: This document contains two merged documents:
1) The instruction portion and 2) the plan portion.

A) Programs using the following document should take time to review it first before attempting to "fill-in" the blanks.

B) The first twelve pages of the following document are instructions for completing your customized **emergency management plan; which is contained in the portion after the instruction pages.**

C) It is recommended that the **emergency management plan** portion of this document be separated from the instructions to create a stand alone document for your editing.

D) Contact the Commission at (916) 327-1081 for information or assistance.

4/98

Customizing the

EMERGENCY MANAGEMENT PLAN

A Step-by-Step Guide to Creating a Customized Emergency Plan for your Program

For questions or comments contact:
The California Commission at
(916) 327-1081

Customizing the
EMERGENCY MANAGEMENT PLAN

Using the Emergency Management Plan Template

A Step-by-Step Guide to Creating a
Customized Emergency Plan
for your Program

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INTRODUCTION

The Emergency Management Plan provided to you is actually a template which is ready for customization to your program's needs.

An Emergency Management Plan -- regardless of how well organized and thought out -- may be of little use to your program if it does not include information specifically tailored to the needs of your program and staff. Your program must decide what information must be included in the Emergency Management Plan, and it is important that adequate time is given to following all the steps in this ‘tailoring tool’.

Please note that custom tailoring the template will require a person knowledgeable in the word processing format you select from the diskette. Once all of the information you add is in place, they will need to adjust the page numbering, table of contents numbering and other formatting to achieve an aesthetically pleasing and logically ordered document.

Please note also that the Emergency Management Plan should not become a ‘dinosaur’ that sits on a shelf collecting dust. Adequate planning for periodic updates and review is required, and the use of the word processing format will make the revision process easy and efficient.

National Service programs are encouraged to modify, edit, insert, and/or delete sections as necessary to make this document relative to their program.

Phase 1: Program Policy Discussion

Step 1 Decide who the primary person responsible for adapting this program emergency plan template will be. Ensure that they attend emergency management trainings.

Step 2 Make a copy of this computerized template and make any revisions on your own copy. *Always work off the copy and not off the original disk.*

Step 3 Read this emergency plan template cover-to-cover before starting any revisions. Becoming familiar with the various sections will assist you in facilitating a discussion with key staff people as indicated in the next step.

Step 4 Set aside a time for key people within your organization to discuss and make decisions on the following topics:

- ? What services will your program provide after a disaster?
- ? What are your assumptions of how a major disaster will affect this organization?
- ? What are your program's priorities after a disaster?
- ? What clients will your program serve after a disaster? (Will you serve the same clients or expand your services to others?)
- ? What will your program's mission be after a disaster?
- ? When will staff be expected to return to work following a disaster?
- ? How quickly would your program be able to resume services?
- ? What critical resources would be needed to meet your program's disaster response needs (i.e. alternative sites, MOU with vendors, supplies, volunteers, and specialized staff).

? Who will function in the various disaster roles outlined in the emergency plan template:
  - Management Team Chief/Incident Commander
  - Safety & Security Officer
  - Public Information Officer
  - Operations Team Chief
  - Planning Team Chief
  - Logistics Team Chief
  - Financial Team Chief

? Which staff members need to be first informed and first present at program to help it resume services?

? If these individuals are unavailable after a disaster, who will be the alternates who can then play these roles?

+ Place remaining staff members in one of the following teams (if applicable):
  - Operations Team
  - Planning Team
  - Logistics Team
  - Finance Team

+ Create responsibility and action checklist for these staff members based upon the team chief checklists, to include in plan.

? What internal emergency procedures already exist at your program?
  - Fire procedures?
  - Earthquake procedures?
  - Evacuation plan?
  - Employee call down roster?

Step 5 Distribute blank copies of Employee Information & Skills and ensure that staff have filled it out and returned it to you.

Phase 2: Tailoring the Plan on Computer

Step 1 If you have not already done so, make a copy of the Emergency Plan Template portion of this file (Page 13). From now on you will only be making revisions on that copy. If your word processor has a "Fast Save" option disable it while you are editing this document, it will likely cause format damage that can not be repaired.

Step 2 Print out a copy of the template without any changes. Highlight all areas that need to be tailored as indicated in this checklist as well as any additional areas you would like to change.

Step 3 On the front cover page:

1) Insert your program name where it states "program name."
2) Fill in your program's address, phone number, and fax number where indicated.
3) Insert your name and the date you *complete* your revisions where indicated on the cover page.
4) Fill in appropriate information in section entitled "Important Contacts & Numbers." If you have trouble with some of this information, call the Commission at (916) 327-1081 to assist you.

Step 4 Remember that you will need to return to the table of contents after *all* revisions are completed in order to renumber sections. This is extremely critical if you want staff to be able to find the proper section quickly.

Step 5 In the "Introduction to Program Staff" make sure to fill in the underlined blanks with appropriate program name, Executive Director name and date.

Step 6 In the section entitled "Disaster Assumptions & Activation of Emergency Plan":

1) Read through these assumptions and add your own program's assumptions based upon your discussion with key managers if they differ from what is already written.
2) Make sure to go back and fill in the blank page numbers ["nn"] which are referred to in both these paragraphs and throughout the emergency plan.

Step 7 In the next section entitled "Program Priorities":

1) Fill in the quotations ("program's") with your program's name.
2) Based upon the discussion with key managers add your own program's priorities to this section or remove some of those listed if they do not apply.
3) List which clients you will serve after a disaster.
4) Indicate whether you will or will not limit or expand services and what those services will be.
5) Based upon the discussion with key managers add your own program's disaster mission statement.

Step 8 In the next section entitled "Program Preparations: Steps to Take Before a Disaster," read through these steps and add your own steps or remove steps if they differ from actions your program will recommend to be taken before a disaster.

Step 9 In the section entitled "Staffing the Emergency Teams: Overview of the SEMS Team Model":

1) Fill in the names of those individuals and their alternates who will be filling in those emergency roles.
2) Once revisions are complete, remember to return to this page and revise the page numbers indicated beside each respective team.

Step 10 In the section entitled "Program Staff Assignments to Emergency Teams" fill in all staff members names (alphabetically), their disaster roles or teams, and the pages where they can find their outlined responsibilities.

Step 11 On the cover page of each Emergency Team Role, fill in the name of the primary person filling in the role as well as the alternates who would take on that position if the primary person were unavailable.

Step 12 In the Emergency Team Responsibilities and Action Checklists read through *each and every* checklist item. Add items that apply specifically to your program and remove items that do not apply. *It is critical that each item is perused thoroughly.* Add specific additional responsibilities to checklists as needed.

Step 13 Include any other checklists you have created and place each within their respective team section. New checklists should be referred to in table of contents. Format new checklists in the same style as the ones already included in plan.

Step 14 In the section entitled "In Case of Earthquake or Fire At Program":

1) Read through *all* items in the checklists to determine if they are appropriate to your program. Change items that are not applicable.
2) Fill in the blanks with:
    - where specific items are located
    - which appendix or page # is referred to
    - individuals who will be performing specific functions.

Step 15 In the section entitled "Office Evacuation Plan and Procedures"

1) Draw a picture in the appropriate space of how individuals should evacuate your building site. (It will look clearer and more professional if done on computer.)
2) Fill in the three primary evacuation sites where your staff will meet after an emergency.
3) Fill in the name of the person(s) who will account for staff after evacuation in the appropriate blank space. (This person should be the safety and security officer or this person's alternates.)

Step 16 In the section entitled "Location of Disaster Equipment and Supplies" list all the emergency supplies your program owns (alphabetically) and where they are located from day to day.

Step 17 In the section entitled "Program Procedures for Personnel During an Emergency: Personnel Response Procedures":

1) Read through the entire section and determine whether it applies to your program's own expectations of its staff.
2) Fill in the blanks which specify :
    - within what time period your program should attempt to contact its staff
    - who at your program is determined to be "key personnel"
    - where the primary assembly areas are following a disaster to determine program direction
    - how long program staff should wait before they too congregate at the assembly areas
    - which pages within plan to refer to
    - how often the Management Team Chief will re-evaluate the disaster situation

Step 18 In the section entitled "Personnel Call Back Roster":

1) Read through the entire section and determine whether it applies to your own program's method of contacting staff during an emergency situation.
2) If it does, fill in the blanks of who calls who within the employee call back roster and their phone numbers. (It may be impossible to include all your staff in the diagram we have provided. It maybe necessary for you to develop an entirely new diagram separately, which reflects *all* your staff, and their role within the information flow of your program.

Step 19 In the section entitled "Personnel Phone List" fill in every staff member's name, address and phone number. Organize alphabetically for easy reference. (Your program may decide to keep this list in the possession of key managers. The decision is up to your organization. However easy access to a staff phone roster is critical during emergencies.)

Step 20 In the section entitled "Personnel Employee Skills Inventory":

1) Make a copy of this page, distribute it to staff and collect it. Copies of these skills and information inventories should be kept in a private place in or near the emergency plan so that they can be referred to in disaster times.

Step 21 In the section entitled "Appendix 1: Emergency Related Contracts and MOU's":

1) Include a copy of any Memoranda of Understanding between your program and Local Vendors, Alternate Sites, and the American Red Cross etc... Space has been provided.
2) Make sure to place these contracts in the appropriate subsection within the emergency plan so that they can be referred to during an emergency. (Please note that we have included a sample document, to get you started on beginning to seek memoranda of understanding.)

Step 22 In the section entitled "Appendix 3: Information Responsibilities" add any other responsibilities that specifically apply to your program's role. Place any relevant documents which further detail the responsibilities your program has.

Step 23 In the section entitled "Appendix 3: Information/Communications Plan" place any copies of documents which further detail how your program will communicate during a disaster.

Step 24 In the section entitled "Appendix 3: Information/ Program Status Report and Request Forms," please note that these are the forms you will use to communicate. These should be kept as blanks to be copied and used at your convenience. Copy several ahead of time to be kept in your emergency kit. The most recent revisions are included within.

Step 25 Scroll through the entire document, and reformat sections where sections are cut in half, too many blank spaces exist, etc. In other words re-format the document so that it is presentable, organized, and aesthetically pleasing.

Step 27 After all revisions are complete, go back to every section where page numbers are referred to such as the table of contents and make sure that the page numbers referred to correspond to the actual page numbers.

Phase 3: Distributing the Final Product to Staff

Step 1 After the document is fully revised, print out a copy which will serve as your master.

Step 2 Place the document in the binder provided and within the appropriate labels and dividers as provided. The goal is to make this document as clear and as user friendly as possible.

Step 3 Make several copies (one for each staff person if possible) and place the document in key places throughout your program. You should also keep a couple of copies off site in case you or staff are unable to reach program during an emergency. Ensure that every staff person has staff call back roster, personnel response procedures, and appropriate checklists in their possession. Encourage staff to keep copies of these at home.

Step 4 During a staff meeting walk through the document with the entire staff, answer their questions, and notify everyone where the plans are located.

Step 5 Orient each new staff person to the program emergency plan. Institutionalize the plan into their employee hire and orientation process.

Step 6 Take the time to revise the plan *at least* once every year or as often as needed. Ensure that this responsibility is institutionalized in your program so that if you leave, someone will continue to revise the plan as needed.

If you have any questions, call the
California Commission at (916) 327-1081 or Fax (916) 327-4836,
email: eaguero@cilts.ca.gov

Emergency Management Plan

BASED ON THE "SEMS"
STANDARDIZED EMERGENCY MANAGEMENT
SYSTEM TEAM MODEL

"YOUR PROGRAM NAME"

ADDRESS
PHONE NUMBER
FAX NUMBER"

Last Revised by: ____

Date: _____________________ Phone: ________________________

Important Contacts & Numbers

American Red Cross Contact: __________________________________

ARC Address: ____

ARC Phone: ____

Local Emergency
Management Partner: ____

Partner Contact: ____
Partner Address: ____
Partner Phone: ____

For questions or comments about completing this
Emergency Response Action Plan template, contact:
The California Commission at (916) 327-1081, Fax (916 327-4836,
email eaguero@cilts.ca.gov

Parts of this plan were created by compiling sections from other effective and well thought out disaster plans and manuals including:

•Eden Information and Referral, Hayward
•The Volunteer Center of Alameda County
•Alameda County Office of Emergency Services
•SEMS Guidelines, State of California
•The City of Hayward
•T.O.D.C.O-Tenants Owners Development Corporation San Francisco
•The American Red Cross-Bay Area
and
The CARD Project of Alameda County

The California Commission would like to thank all the many community based organizations within our state who contributed and therefore were able to provide an invaluable amount of constructive feedback that helped The CARD Project of Alameda County and the California Commission to create this template.

EMERGENCY MANAGEMENT PLAN

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INTRODUCTION TO THE EMERGENCY PLAN

A NOTE FROM THE CARD PROJECT OF ALAMEDA COUNTY

Before finalizing this emergency plan template, much thought was put into the language used. It is likely that many of you from community based organization backgrounds are unfamiliar with the terms used in this document; i.e., SEMS (standardized emergency management system), incident command system, incident commander, operations chief, logistics chief, etc. It is not "nonprofit culturally appropriate language." However, the CARD Project decided to use the SEMS language for several reasons: To begin with, SEMS is an emergency system that allows us to be team players in our County and creates a common language and organizational structure to coordinate personnel and resources. Once understood, we feel SEMS "works" as a guiding organizational structure to create order out of the chaos, and it's parts can be modified or combined to work for you. SEMS contains within it all the components for a successful disaster recovery, whether you are operating out of a car trunk or across a region.

Secondly, the State of California mandates that all governmental organizations abide by the policies and principles of S.E.M.S. (Standardized Emergency Management System) or they will withhold reimbursement for disaster operations costs. Although your program is probably not a government organization, after a disaster your program might desire to provide services or seek assistance from a local city, county, or state organization and by extension, it is in the best interests of your program to work within the systems and the language that your local jurisdiction uses. Such knowledge could benefit your program in disaster cost recovery and advocacy for disaster services.

Additionally, the use of this language and the principles behind it will facilitate communication and coordination between your program and government. It will also give government emergency managers more confidence in your program if they feel that your program is serious enough to adopt its language and emergency structure. *Remember*: *the structure and language used in this template are not complicated by any means. However, they will be easier to grasp if your program sends individual(s) to appropriate workshops. And for you SEMS purists; our adaptation of SEMS is not a literal translation. We have modified SEMS into its most universal and understandable terms.*

Finally, we can not over-emphasize how important it is that this plan be "tailored" to fit your own program. Please follow the steps outlined in the tailoring tool to begin the process of making this document applicable to your own program. We have only provided you with the skeleton of an emergency plan. It is up to your program to add the flesh to make this a "living and breathing" plan which reflects your program.

INTRODUCTION TO PROGRAM STAFF

“Date”
TO: **All Program Staff and Volunteers**
FROM: ________________________________
Executive Director
RE: **Emergency Plan**

This Emergency Plan will guide us in effectively responding to an emergency. This plan *will not* tell us exactly what to do from minute to minute once an emergency occurs. However, it *will provide* us with a well devised system to best organize our resources, and this Plan *will guide* each person to the duties and functions they will be responsible for in the event of an emergency.

It is expected that everyone on staff will become familiar with this Emergency Plan and how the Emergency Team Model works. It is also expected that each person will thoroughly understand their role and responsibilities in an emergency, before an emergency occurs! (To find out what your emergency duties are, please look at page nn.)

This Emergency Plan is divided into five parts:

1.) Introduction to the Emergency Team and Program Emergencies
2.) Staffing
3.) Responsibilities and Action Checklists for the Emergency Teams (Management Team, Operations Team, Planning Team, Logistics Team, Finance Team.)
4.) Instructions on what to do in the event of earthquake or fire;
5.) Supplemental Information -- Appendices and Information.

Also included are Appendices with information on CARD (Collaborating Programs Responding to Disasters) Project responsibilities; information relating to the local OES (Office of Emergency Services); tips on Volunteer Management, and other information which will serve as a resource during an emergency or disaster.

This Emergency Plan will not answer every question or solve every problem that will be encountered in an emergency. This plan will need to be updated and improved upon from time to time. **Many vital questions and problems will be answered and solved by activating practice Emergency Plans. It is especially important that new information learned after using this plan in practice and in response to real emergencies becomes incorporated in revisions**. Everyone’s input is vital toward the goal of making this Emergency Plan a tool which everyone in this Program will feel confident about using.

This plan will guide you in *INTERNAL* *emergency response. To find out about the county-wide response, please refer to your County’s Coordinated Response Plan.*

DISASTER ASSUMPTIONS

It is assumed that the likelihood of a major disaster affecting the your area is very great. *Help from emergency services may not be available for up to 72 hours or more.* This Program may experience extensive damage, resulting in injuries, property loss, or loss of critical services (telephones, utilities, and roadways). This loss could result in a disruption or complete interruption of program services upon which our clients are dependent.

This Emergency Plan will help this Program's staff to prepare for and effectively and efficiently organize to quickly begin recovery from an emergency or disaster. **Planning, practice implementations, and revisions of this Emergency Plan are essential** to prevent loss of life and injury, and to be able to continue providing important client services.

Our program's emergency plan priorities (page nn) will be best realized if and only if each program staff member has prepared their home, family and self for an emergency *before* a disaster strikes. (See page nn for steps to take before a disaster strikes.)

ACTIVATION OF THE EMERGENCY PLAN

This Emergency Plan will be activated when a disaster significant enough to cause damage occurs, or when an Emergency impacts our Program's services or client population. Instructions on page nn describe who should determine the need to activate the Emergency Plan and Emergency Coordinating Team Center.

“Program’s” PRIORITIES DURING AN EMERGENCY

“Program’s” Priorities During and After Emergencies Are:

1. To ensure the safety and security of our program staff;
2. To resume day-to-day client services as quickly as possible;
3. To assist clients with their emergency needs that overlap with our services;
4. To provide information and referrals to clients based on their post-emergency needs;
5. To advocate on behalf of the client population based upon their post-emergency needs;
6. To join with the local geographic groups to coordinate services for affected populations.

During A Disaster/Emergency, We Will Serve the Following Clients:

✍ ____

✍ ____

✍ ____

✍ ____

We Will / Will Not Expand / Limit Services. Service Changes Include:

✍ ____

✍ ____

✍ ____

✍ ____

“Program’s” *EMERGENCY* Mission Statement

✍ ____

____

____

Program Preparations: Steps to Take Before A Disaster

- ☐ Ensure that your staff has taken measures to prepare their homes and families.
- ☐ Identify an alternative site should your program be damaged or destroyed. Keep in mind the needs of your clients or staff. What kind of facilities would best suit them. If possible, get a written letter of understanding with the site. The Commission encourages programs to seek alternative sites for longer duration than red cross school sites. **See MOU sample in the appendix.**
- ☐ Become a member of your local emergency management group.
- ☐ Establish a relationship with your local Office of Emergency Services representative. Orient them to who you are, what services your program provides, your expected needs or vulnerabilities after a disaster, the possible assistance you may provide the city, and orient them to your participation in local efforts and the measures you have taken to prepare and mitigate your program. Try to establish a memorandum of understanding with them that outlines and formalizes each party’s expectations of each other. (See Appendix 1)
- ☐ Set up pre-disaster agreements with primary vendors that you rely on. For example if your a program that relies on supplies, you should try to negotiate an agreement with your primary supplier, (out of state in case the disaster affects the region) as well as other vendors in the area. Your program should also try to set up agreements with other programs or individuals who provide services. See MOU sample in the appendix.
- ☐ Procure 3 days’ worth of disaster supplies at your program, keeping in mind your staff and client needs. Refer to Self & Home Preparedness Book for ideas. (Please note: your program may be without assistance from your local government services for up to a week to ten days.)
- ☐ Keep “back up’s”of important computer files regularly (or any data that is vital to your program’s operation) and keep it off site.
- ☐ Mitigate your office environment (e.g., tie down computers, files, bookcases, printers, etc.)
- ☐ Develop staff “call back” procedures. See Personnel Section of this Program Plan Template. You need to determine how to communicate with your staff in the event of an emergency.

☐ Take pictures of your program facilities and equipment (all sites). This will serve as documentation to help you seek damage cost recovery funds in the event that your program site(s) are damaged in a disaster.

☐ If Applicable; make sure that your 501 (c) 3 certification is up to date. This could also affect your cost recovery of damage and services.

☐ Meet with your local emergency management periodically to establish relationships and discuss issues affecting your program.

☐ Send staff to training.

STAFFING THE EMERGENCY TEAMS

Overview of the "Standardized Emergency Management System - SEMS" team model.

EMERGENCY TEAMS

Responsibilities Action Checklists **Page**

MANAGEMENT TEAM .... NN

Responsible for managing overall emergency response.

OPERATIONS TEAM .... NN

Responsible for coordination of all program operations and direct services.

PLANNING TEAM .... NN

Responsible for operational planning and program strategy.

LOGISTICS TEAM .... NN

Responsible for providing facilities, services, and materials in support of the program's operation.

FINANCE TEAM .... NN

Responsible for all financial and cost analysis.

STAFF ASSIGNMENTS TO EMERGENCY TEAMS

THE FOLLOWING LISTS THE PROGRAM STAFF EMERGENCY TEAM ASSIGNMENTS, AND THE PAGE NUMBER WHERE THE CHIEFS' AND TEAMS' RESPONSIBILITIES AND EMERGENCY ACTION CHECKLISTS ARE.

STAFF NAME **EMERGENCY TEAM & ROLE** **REFER TO:**

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

____Page #_____

PLEASE REFER TO **PERSONNEL SECTION** IF YOU ARE NOT SURE WHAT YOUR JOB EXPECTATIONS ARE IMMEDIATELY FOLLOWING A DISASTER.

HOW TO ACTIVATE THE PROGRAM EMERGENCY PLAN

READ THIS **IF YOU DO NOT KNOW** WHO IS IN CHARGE
If there is an **Immediate** emergency,
such as fire or earthquake now, turn to page nn

PLEASE REFER TO **PERSONNEL SECTION** IF YOU ARE NOT SURE WHAT YOUR JOB EXPECTATIONS ARE IMMEDIATELY FOLLOWING A DISASTER.

MANAGEMENT TEAM CHIEF / INCIDENT COMMANDER
MANAGEMENT TEAM

Name: ____

Alternates:

____

____

PRIMARY RESPONSIBILITIES

1. Manage the overall emergency response, and Activate the Emergency Plan.
2. Activate the Emergency Coordinating Center (an area for planning, coordination, briefings, etc.)
3. If the building is damaged, implement the relocation plan. (See *Disaster Cost Recovery Guideline* produced by Alameda CARD for a step-by-step process.)
4. Supervise the Team Chiefs and Teams: (Operations, Planning, Logistics, Finance, and Management Team consisting of the Public Information Officer, Safety Officer, and Liaisons.)
5. Document all requests for services and all activities. Approve requests for purchasing and use of resources. Begin Journal of events and actions.
6. Supervise the gathering of information and the preparation of situation reports on the program, clients, and the neighborhood. Send these reports to your local emergency management partner(s) and to the local OES. (See Status Report Forms, Appendix 3.)
7. Establish and maintain a relationship with the local city OES (Office of Emergency Services) contact to request needs and to offer resources or services.
8. Authorize release of information by the Public Information Officer.
9. Approve a plan to dismantle the Emergency Coordination Center when appropriate.

MANAGEMENT TEAM CHIEF / INCIDENT COMMANDER MANAGEMENT TEAM

EMERGENCY ACTION CHECKLIST

What should the Management Team Chief do during an emergency?

✍ Initiate an event log of actions, beginning with notification of the emergency. (Document the *who, what, where, when, & how much* of all actions requested and/or taken.)

✍ Identify my self as the Management Team Chief .

✍ Appoint & brief Team Chiefs and Officers as needed:

_____Operations
_____Planning
_____Logistics
_____Finance
_____PIO
_____Safety Officer

✍ Schedule Team Chief meetings (including the Public Information Officers, Liaisons, and Safety Officer.)

✍ Obtain briefings from Team Chiefs.

✍ Coordinate the activities of the Team Chiefs.

✍ Develop the Emergency Plan: assess the situation, define the problems, establish the priorities for action (refer to Program Priorities in the Introduction, page nn.)

✍ Develop an Emergency Plan with the Team Chiefs. Include:

_____Estimates of the Effect of the Emergency on Clients & Services
_____Conduct Needs Assessment
_____Estimate of Incident Duration
_____Need for Evacuation
_____Activation of the Emergency Team Center
_____Overall Strategy

✍ Execute the Emergency Plan.

✍ Direct Team Chiefs and personnel to perform checklist functions.

✍ Check MOU agreements with alternate sites.

✍ Brief the Board of Directors when necessary.

✍ With Logistics Team Chief, determine availability of:
_____Personnel – Team Staffing
_____Relief Personnel
_____Special Equipment
_____Care & Shelter of Staff, Volunteers, & Clients

✍ Establish liaisons as needed
_____with the City
_____with other programs or service providers

✍ Evaluate Progress of emergency efforts. Revise the Emergency Plan as needed, every
___4 hrs. ___8 hrs. ___ 24 hrs.

✍ Ensure that the Program Status Report is sent to appropriate partners (Commission, etc...) (see Appendix 3) at least once a day until the emergency has subsided.

✍ Approve requests for purchasing and release of resources.

✍ Authorize release of information to the public through the Public Information Officer, or personally release the information.

✍ Check MOU agreements with other programs and services (see Appendix 1.)

✍ Review *Disaster Cost Recovery Guideline for Non-Profits* (see Appendix 3.)

✍ Review CARD's *Coordinated Response Plan* for overall activation protocols.

✍ If your program is pre designated as a "CARD Key Program," review key program roles and responsibilities in CARD Coordinated Response Plan. (Ensure that these responsibilities are completed by your program emergency team.)

✍ Direct the Planning Team to develop deactivation plans & release personnel from the Emergency Coordination Center as planned.
✍ Recheck this list periodically and review the Emergency Plan.

* ***Costs & services may be reimbursed for services & expenses of a government-like nature, beyond your normal operating costs. (This could include overtime but not regular staff pay. Therefore, it is critical to monitor and document all staff overtime.)***

SAFETY & SECURITY OFFICER
Management Team

Name: ____
Alternates:
____
____

PRIMARY RESPONSIBILITIES:

1. Conduct damage assessment of program facilities, buildings.
2. Ensure that all facilities used in support of emergency operations have safe operating conditions.
3. If evacuation is necessary inform the Management Team Chief and implement the Evacuation Plan (see Personnel Section "E".)
4. Monitor all program facility activities to ensure that they are being conducted as safely as possible under the circumstances.
5. Stop or modify all unsafe operations.
6. Monitor program personnel to ensure they are functioning as safely and healthily as possible under the conditions of the emergency. (Watch for 'Burn-Out' and post traumatic stress disorder.)
7. Ensure that clients are congregating in safe areas and that they are participating in safe activities.
8. Ensure that security is provided for the facility 24 hours a day or as determined by the Management Team Chief and Team Chiefs.
9. Control personnel and client access to facilities in accordance with policies established by the Management Team Chief and Team Chiefs.
10. Ensure that private records and/or other program supplies are monitored and kept in a secure location.

SAFETY & SECURITY OFFICER
Management Team

EMERGENCY ACTION CHECKLIST

What should the Safety and Security Officer do during an emergency?

- Assist in any evacuation that may be directed.
- Initiate an event log of actions taken, beginning with notification that an emergency exists. (Document the *who, what, where, when, and how much* of all actions requested and/or taken.)
- Obtain briefing from the Management Team Chief and Team Chiefs.
- Identify my self as the Safety and Security Officer.
- Read this entire checklist.
- Tour the entire facility area and determine the scope of on-going operations.
- Evaluate conditions and advise the Management Team Chief of any conditions and actions which might result in liability (i.e.: oversights, improper response actions, etc.)
- Study the facility to learn the location of all fire extinguishers, fire hoses, and emergency supplies.
- Be familiar with particularly hazardous conditions in the facility.
- If the emergency is an earthquake, provide guidance regarding actions to be taken in preparation for aftershocks.
- Coordinate with the Finance Team on any personnel injury claims or records preparation as necessary for proper case evaluation and closure.
- Determine what the current security requirements are, and establish staffing as needed.
- Determine the need for special communications. Make those needs known to the Logistics Team Chief.
- Determine the need for special access facilities. Consider the need for a vehicle traffic control plan. Develop a plan if required.
- Assist in sealing off any dangerous areas. Provide access control as required.
- As requested, implement special security measures for any critical facilities, supplies, or materials.

✍ Provide security input and appropriate recommendations to the Management Team Chief. Keep the Management Team Chief advised of safety conditions.

* ***Costs & services may be reimbursed for services & expenses of a government-like nature, beyond your normal operating costs. (This could include overtime but not regular staff pay. Therefore, it is critical to monitor and document all staff overtime.)***

PUBLIC INFORMATION OFFICER
Management Team

Name: ____

Alternates:

____

____

PRIMARY RESPONSIBILITIES

1. Prepares press releases, emergency public information, and other communications with the media as directed by the Management Team Chief.
2. Disseminate Emergency Public Information.
3. Monitor various forms of media for emergency information related to the program and its clients.
4. Keep personnel and clients informed on a timely basis during threatened or actual emergencies through the use of media and other available means of communication.
5. Maintain a relationship with media representatives.
6. Serve as the primary contact for media inquiries.
7. Provide rumor control.
8. Provide information to the Management Team Chief and to the Team Chiefs.

PUBLIC INFORMATION OFFICER
Management Team

EMERGENCY ACTION CHECKLIST

What should the Public Information Officer do during an emergency?

- Initiate an event log of actions taken, beginning with notification that an emergency exists. (Document the *who, what, where, when, and how much* for all actions requested and/or taken.)
- Obtain briefing from the Management Team Chief and all of the Team Chiefs.
- Identify my self as the Public Information Officer.
- Read this entire checklist.
- Prepare an initial information summary as soon as possible after arrival.
- Observe constraints on the release of information imposed by the Management Team Chief and other Team Chiefs.
- Obtain approval for the release of all information from the Management Team Chief.
- Establish necessary contact with the media (Newspapers, Radio, Television) and provide whatever assistance is required.
- If necessary and possible, establish an information center for the News and Media to use.
- Gather and disseminate instructions, warnings and announcements.
- Ensure that announcements and information are translated as needed, and open captioned for special populations.
- Provide approved information for release to the News media.
- Release applicable news and information to the News Media and post information in Program's Emergency Coordination Center.
- Attend all meetings held by the Management Team Chief and the Team Chiefs to update information to staff, clients, and news media if necessary.
- Monitor television and radio reports.

- ✍ Issue warnings to staff and clients about unsafe areas, structures, and/or facilities.
- ✍ Respond to special requests for information.
- ✍ If necessary, establish and assign staff, volunteers, or qualified clients to establish a rumor control center.
- ✍ Provide information to staff and clients on available transportation routes, closures, and other applicable information.
- ✍ Publicize an official list of assistance centers, shelter sites, and other useful information which clients or staff could use.
- ✍ Send a copy of any news releases to appropriate partners

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OPERATIONS TEAM CHIEF
Operations Team

Name: ____

Alternates:

____

____

PRIMARY RESPONSIBILITIES

1. Responsible for management of all operations directly applicable to program's mission.
2. Brief & assign operations personnel in accordance with Operations Plan.
3. Develop Operation Team Plan.
4. Develop a list of needed supplies and resources to continue operation and have it approved by the Management Team Chief.
5. Work closely with Logistics to acquire resources.
6. Work closely with Planning to provide and receive information on status of Program programs and services.
7. Assign or supervise the assignment of specific tasks to staff & volunteers.
8. Monitor work progress and make changes when necessary.
9. Restore essential program services.

OPERATIONS TEAM CHIEF
Operations Team

EMERGENCY ACTION CHECKLIST

What should Operations Team Chief do during an emergency?

- Initiate an event log of actions taken, beginning with notification that an emergency exists. (Document the *who, what where, when, & how much* for all actions requested and/or taken.)
- Obtain briefing from Operations Staff and Team Chiefs Group.
- Identify my self as the Operations Team Chief.
- Read this entire checklist.
- Establish communications with program services providers (program managers) and get a status report of various programs affected by the emergency.
- Attend Emergency Team Chiefs group briefings and represent the Operations Team.
- Determine what resources (services, people, supplies) are needed to follow through with program services (or program emergency plan) determined by team chiefs.
- Based upon the goals of the emergency plan determined by Team Chiefs, develop an Operations Plan... assess the situation, define the problems and establish priorities.
- Appoint & brief staff as needed - each program should develop a program plan.
- Once you begin to accept volunteers establish a volunteer check-in and training system (see Appendix 2.)
- Determine availability of
    - ___Staffing
    - ___Relief Personnel
    - ___Mutual Aid
    - ___Special Equipment

- ✍ Coordinate activities with other Teams and Operations staff.
- ✍ Prepare to provide or request mutual aid.
- ✍ Evaluate progress of emergency efforts every

  ___4 hours ___8 hours ___ 24 hours
- ✍ Revise the Emergency Plan as needed.
- ✍ Make sure that the Program’s operations status information is passed to appropriate representatives to ensure communications flow.
- ✍ Recheck this list periodically and refer to other sections of the Emergency Plan for supplemental information.

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PLANNING TEAM CHIEF
Planning Team

Name: ____

Alternates:

____

____

PRIMARY RESPONSIBILITIES

1. Responsible for the collection, evaluation, dissemination, & use of information about current program operations.
2. Establish information requirements & a reporting schedule for all Teams, which are needed for preparing an Action Plan.
3. Identify need for use of special resources.
4. Perform operational planning.
5. Advise staff of any significant changes in the status of the Action Plan.

PLANNING TEAM CHIEF
Planning Team

EMERGENCY ACTION CHECKLIST

What should the Planning Team Chief do during an emergency?

- Initiate an event log of actions taken, beginning with my notification that an emergency exists. (Document the *who, what, where, when, & how much* of all actions requested and taken.)
- Identify my self as the Planning Team Chief (see the organizational chart on page nn.)
- Obtain briefings from the Planning Team and Team Chiefs Group.
- Read this entire checklist.
- Attend Emergency Team Chief briefings and represent the Planning Team.
- Together with the Security Officer, assess the impact of the Emergency Plan on the program including damage to building and impact on services.
- Develop the disaster analysis and the Planning Team's portion of the Action Plan. Assess impact of emergency on clients.
- Appoint & brief Planning personnel in accordance with the Action Plan.
    - ___ Situation Analysis - collect and organize emergency situation and status information. Provide a display of information in the command center.
    - ___ Documents - assumes staff have necessary documents and ensures all documents are kept archived and organized completely: Sign-In logs, Action Plans, photos, press releases, messages, etc.
- Review preliminary situation reports & initial damage assessment and update Emergency Team Chiefs of the findings.
- Review intelligence information, determine credibility, and analyze its influence on program and clients.
- Report information regarding special events, activities, and occurrences to the Management Team Chief.
- Forward all reports to the Finance Team representative (“documents person.”)

✍ Evaluate progress of emergency efforts every
___4 hours ___8 hours ___24 hours.

✍ Coordinate with the Management Team Chief and Logistics to communicate needs and resources to local city OES.

✍ Coordinate with the Management Team Chief to send in a status report to appropriate partners.

✍ Review this checklist periodically & refer to the text of this Emergency Plan.

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LOGISTICS TEAM CHIEF
Logistics Team

Name: ____

Alternates:

____

____

PRIMARY RESPONSIBILITIES

1. Responsible for providing facilities, arranging for alternate sites, and providing services and materials in support of the program's operations.
2. Assigns work location and preliminary tasks to Team personnel.
3. Identify service and support requirements for expected operations.
4. Ensure that the Communications Plan is prepared and advise Team Chiefs on the communications system’s capabilities and/or limitations.
5. Set up the telephone, radio system, and/or runner system and see they are tested.
6. Ensure that an equipment control and inventory plan is established.
7. Coordinate transportation if needed.
8. Determine feeding needs and assure food and related supplies are provided.
9. Establish ordering procedures.
10. Establish sleeping facilities as required.
11. Oversee sanitation, maintenance, lighting, & clean-up.
12. Determine the need and arrange for staff and client child care.
13. Work closely with the Finance Team and maintain detailed documentation.
14. Coordinate the allocation of volunteers and monitor their work time.

LOGISTICS TEAM CHIEF
Logistics Team

EMERGENCY ACTION CHECKLIST

What should the Logistics Team Chief do during an emergency?

✍ Initiate an event log of actions taken, beginning with notification that an emergency exists. (Document the *who, what, where, when, and how much* of all actions requested and/or taken.)

✍ Obtain briefing from Logistics staff and Team Chiefs Group.

✍ Identify my self as the Logistics Team Chief.

✍ Read this entire checklist.

✍ Attend Emergency Team Chiefs group briefings and represent the Logistics Team.

✍ Develop a Logistics Action Plan: assess the situation, define the problems, and establish priorities.

✍ Coordinate or appoint someone responsible for:
_____Transportation
_____Food/Commodities
_____Personnel/Volunteers:

- activate the Call Back Roster when the Emergency Coordination Center activated
- determine staffing needs
- determine the length of staff shifts
- establish a volunteer registration/intake center
- assure that the care and shelter needs for staff and volunteers are being taken care of

✍ Determine status of the Program's vendors.

✍ Execute the Logistics Action Plan.

✍ Provide actual or estimated costs of resource procurement to finance.

✍ Procure resources requested by Emergency Teams and confirm expenditures with Finance Team Chief.

✍ Brief the Logistics Team periodically.

✍ Revise the Logistics Action Plan as needed.

✍ Review this checklist periodically and re-read the text of this Emergency Plan.

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FINANCE TEAM CHIEF
Finance Team

Name: ____

Alternates:

____

____

PRIMARY RESPONSIBILITIES

1. Responsible for all financial and cost analysis.
2. Tracking all expenditures with special attention to possible reimbursable items.
3. Determining the need for security of records.
4. Maintaining records for personnel time.
5. Maintaining current posting on all charges or credits for fuel, supplies, and services.
6. Preparing and signing all contracts for goods & services.
7. Responsible for overall management and direction of all compensation claims.
8. Maintaining a log of all injuries sustained.
9. Handling all claims other than injury.

FINANCE TEAM CHIEF
Finance Team

EMERGENCY ACTION CHECKLIST

What should the Finance Team Chief do during an emergency?

- Initiate an event log of actions taken beginning with notification of the emergency. (Document the *who, what, where, when, and how much* for all actions requested and/or taken.)
- Identify my self as the Finance Team Chief.
- Obtain briefings from Finance staff and Team Chiefs Group.
- Read this entire checklist.
- Attend Emergency Command Team briefings and represent the Finance Team.
- Develop the finance portion of the Emergency Plan.
- Appoint and brief Finance Team personnel in accordance with the Emergency Plan.
- Gather preliminary cost estimates, preliminary damage estimates, and budgetary impact when possible, and brief other Team Chiefs.
- Review the *Disaster Cost Recovery Guideline for Non-Profits.*
- Create an accounting system for all emergency related expenditures.
- Assure payment for costs of response and recovery.
- Forward all reports to the person who is archiving documents.
- When a federal or state disaster is declared, attend the Applicants' Briefing to seek information about the public assistance or grant programs being made available.
- Review this checklist periodically and re-read the text of this Emergency Plan as needed.

* ***Costs & services may be reimbursed for services & expenses of a government-like nature, beyond your normal operating costs. (This could include overtime but not regular staff pay. Therefore, it is critical to monitor and document all staff overtime.)***

IN CASE OF EARTHQUAKE OR FIRE EMERGENCY AT PROGRAM

EMERGENCY RESPONSE CHECKLIST

IN CASE OF EARTHQUAKE

✍ INJURIES:

Designate a First Aid area and report its location to the Management Team Chief. Check for injured people and treat them as appropriate; if possible, move them to the First Aid area. First Aid supplies are located at

____ .

See Section E for a list of staff members who are trained in CPR or FIRST AID.

✍ **SHUT OFF GAS IF NEEDED (Meter located at __________)**

If the odor of gas is present (check outside as well as inside), locate the gas shut-off wrench (which should be included with other emergency supplies) and turn off the gas supply to the building.

✍ STRUCTURE CONDITION

Be cautious-aftershocks may follow earthquakes. Check for visible signs of damage. Evacuate if the structure seems questionable (if you are not sure, evacuate for safety's sake, and have someone qualified check the structure for its safety.) If possible, retrieve any critical data or supplies but do not place yourselves or others at risk.

✍ IS EVACUATION NECESSARY?

If possible, and if it is safe to do so, retrieve back-up computer disks and important papers. **(These items should always be ready to go and maintained off site.)**

✍ POWER

If power is out, do not light candles during an earthquake. There are two dangers-from explosion caused by a gas leak and ignited by spark from a match, and from candles starting fires. For lighting, use flashlights, lanterns and light sticks. Use a generator if one is available, but only if the threat of a gas explosion has been eliminated and if there is adequate ventilation for exhaust fumes.

✍ BUILDING TENANTS

Check on welfare of other tenants in building, if appropriate.

✍ HAZARDS

Rope off any areas near your program where electrical lines are downed and where there are any structural or area hazards. Inform the Management Team Chief (Executive Director or designee) of downed lines, gas leaks and water line breaks. Remove anything blocking street, (except downed electrical lines), which would prevent access by emergency vehicles.

✍ DAMAGE ASSESSMENT

Conduct detailed damage assessment as soon as possible. Photograph and/or videotape the damage. Begin collecting documentation to support the Damage Survey Report (see Appendix 3.)

FIRE — EMERGENCY RESPONSE CHECKLIST

IN CASE OF FIRE

✍ EVACUATE IMMEDIATELY

________________________________will account for all staff.

✍ PHONE 9-1-1

Phone 911 as soon as possible.

✍ SHUT OFF GAS IF NEEDED (Meter located at: ___________)

If the odor of gas is present (check outside as well as inside), locate the gas shut-off wrench (which should be included with other emergency supplies) and turn off the gas supply to the building.

✍ NOTIFY OTHER BUILDING TENANTS (if appropriate)

✍ ITEMS TO TAKE

If possible, and if it is safe to do so, retrieve back-up computer disks and important papers. **These items should always be ready to go and maintained off site.**

✍ DAMAGE ASSESSMENT

Conduct detailed damage assessment as soon as possible. Photograph and/or videotape the damage. Begin collecting documentation to support the Damage Survey Report (see Appendix 3.)

OFFICE EVACUATION PLAN AND PROCEDURES

WHERE TO MEET AFTER AN EVACUATION

1.____

2.____

3.____

EVACUATION CHECKLIST

- ✍ Determine the best evacuation route and advise the staff.
- ✍ Designate a meeting place for post-evacuation (and an alternate meeting place in case the first one is not available or safe.)
- ✍ Meet at the designated meeting place to decide the next steps.
- ✍ ___________________ will account for staff after the evacuation.

LOCATION OF EMERGENCY EQUIPMENT AND SUPPLIES

SUPPLIES **LOCATED AT**

PROGRAM PROCEDURES FOR PERSONNEL DURING AN EMERGENCY

PERSONNEL RESPONSE PROCEDURES

Non-Working Hours Procedures

If an emergency occurs during non-working hours, first make sure your family and home are taken care of. Then within __hours you should attempt to make contact with the program to find out the program's status.

The following Key Personnel should respond to the designated assembly areas within _____ hours.

Key Personnel **Assembly Area**

____
____
____
____
____
____
____
____
____
____
____
____
____
____
____

Remaining staff members should report to these same assembly areas after they are contacted by the Recall Roster or within _hours, unless a new location is noted.

Employees designated to automatically report to an assembly area should listen to the Emergency Broadcast System for pertinent information (i.e. road closures and special instructions). Tune to one of the following radio or television stations:

Working Hours Procedures

FIRST, FOLLOW INSTRUCTIONS FOR AN EVACUATION ON PAGE nn.

If the emergency is significant, employees will be advised by the Management Team Chief that the Emergency Plan is in effect and the Emergency Coordinating Center is activated. This notice shall mean that all employees shall perform their disaster/emergency duties until otherwise notified.

If there exists an immediate need for evacuation of the program, employees will be directed to report to the appropriate pre-designated emergency evacuation assembly area. (See page nn).

At Emergency Team Chief meetings, the overall impact of the emergency will be assessed. Minimum staffing requirements will be determined. Assignments, including shifts, will be made as quickly as possible -- with consideration given to employees with special family needs. Until otherwise advised, the Management Team Chief will manage the emergency on a _____________ hour basis.

PERSONNEL CALL BACK ROSTER

A CALL BACK ROSTER IS NECESSARY . . .

1. To notify staff and volunteers of specific information in the event there is a emergency that directly affects our operations.
2. To notify staff and volunteers of specific information in the event an immediate response is needed to provide emergency relief to victims, and whether program operations have been directly affected by the emergency or not.

HOW DOES THE CALL BACK ROSTER WORK?

• Implementing the Call Back Roster

The Management Team Chief makes the decision to institute the Call Back Roster.

• Chain of Telephone Calling

The Management Team Chief calls ____________________________ and _ __________________________who in turn call their designated personnel (according to the Roster's connection lines). Only call those people you are assigned to in the diagram below. If you cannot reach one of your assigned people, you must then call the people the absent person was assigned to call.

• Call Back Your Original Contact

Once the Call Back has made its way all the way to the end, it must return by calling in reverse order, e.g. a person who has reached their contact(s) must call the person who initially called them to report that the call has been completed. That person will then call the person who called them until the reverse chain has been completed.

✍ THIS SHOULD BE PRACTICED!

Each supervisor calls the group of people that he/she supervises and provides them with information on program status and direction from the Management Team Chief.

CALL BACK CHART

PERSONNEL PHONE LIST

EVERY EMPLOYEE AND VOLUNTEER WHO NEEDS TO BE CONTACTED SHOULD BE LISTED ON THIS PAGE, WHICH SHOULD BE UPDATED FREQUENTLY. EVERY PERSON WHO IS ON THIS LIST SHOULD HAVE A COPY AT HOME AND AT WORK. THE LIST SHOULD ALSO INCLUDE THE "PHONE TREE" ORGANIZATIONAL CHART, SO PERSONNEL CAN EASILY IDENTIFY WHO THEY ARE RESPONSIBLE FOR CONTACTING. PLEASE KEEP THIS LIST IN A SECURE, CONFIDENTIAL LOCATION.

STAFF NAME ADDRESS PHONE NUMBER

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

STAFF NAME	**ADDRESS**	**PHONE NUMBER**

PERSONNEL EMERGENCY SKILLS INVENTORY

Each employee and program volunteer must fill out a copy of this form. The information will be used to assist in assigning personnel to Emergency Command Teams. (This form will be kept confidential.)

Name: ____

____

____

Home Phone: ________________________ Pager #: ______________________

Job Description: ____

SKILLS

☐ Interpreter (specify language and proficiency)__________________________

☐ Sign Language ____

☐ Administration/Supervision ____

☐ Communications (Ham Radio, Cellular) ________________________________

☐ Computer ____

☐ Construction (Plumbing, Electrical Expert.) ___________________________

☐ Counseling ____

☐ Heavy Equipment Operation (What?) _________________________________

☐ Medical (First Aid, CPR, Please specify) ______________________________

☐ Child Care ____

☐ Food Service ____

☐ Rescue ____

☐ Shelter Services ____

☐ Special Populations (Elderly, Disabled, Please Specify): _________________

☐ American Red Cross Experience (Please Specify): _____________________

☐ Children at home who need care? How Many? ________________________

Other ____

Appendix 1 — *MOU'S and Emergency Related Contracts with Local Office of Emergency Services*

Sample Template

Memorandum of Understanding with/Local Office Of Emergency Services

Proposing a Contract Agreement with a Government Program; Local City or County Office of Emergency Services

(WORKSHEET)

1. Proposed agreement between:

__________________________(government program)

__________________________(non-profit service program)

2. To: Local Disaster Preparedness Official

Name:____

Title/Program: ____

Telephone: _________________ Address:_________________________

3. From: Program Manager

Name:____

Title/Program: ____

Telephone: _________________ Address:_________________________

4. Service(s) non-profit could provide in disaster: ________________

____

____

____

____

____

5. Terms and conditions proposed:____________________________

____

____

____

____

____

Date:________________ Prepared By: _________________________

Worksheet: Implementing or Modifying an Agreement Contract with Local Government

Mission Number ________________
(Get from OES or local government)

1. Contract with ______________________________(Government Program)
2. Pursuant to contract agreement or MOU _______ yes _____ no
   Date of original agreement / MOU _____ Document No. _________
3. Authorizing officials: Title: ________________________________
   Government program ______________ / ____________
   CBO ________________ / _____________
4. How was agreement / MOU authorized? _____ verbally __written
   (attach written contract or copy of verbal agreement / phone, log, etc.)
5. ____Date of authorization:
6. _______________________________________Original services requested:
7. _____________________________________Original terms and conditions:
8. Agreed upon modifications to original services requested:
   ____
   ____
   ____
   (Attach more pages if necessary)
9. Agreed upon modifications to original terms and conditions:
   ____
   ____
   ____
10. How was agreement/MOU modified: ______verbally ________written
    (Attach written contract or copy of verbal agreement / tape / phone log, etc.)
11. Date of modification: _____________.
12. Documentation of Performance (activity logs, work records, receipts, etc.)
    (Attach supporting documentation pursuant to contract)

Appendix 1 — *MOU'S and Emergency Related Contracts*

Appendix 1 — *MOU'S and Emergency Related Contracts with Local Vendors*

Sample Template

Memorandum of Understanding Between CBO and Private Vendor

This agreement is made and entered into between the governing board of: ____of ____(City), and ____
(CBO Program) hereinafter referred to as ___________________________.

RECITALS:

The following agreement, along with its supporting addendum, provides the frame work for a collaborative effort between________________________ _______(CBO Program) and ____to provide emergency assistance (including _________________________________) for disaster affected members of the ______________________________ community. The ________________________________community is bordered by _______________________and ____________________________streets.

The parties hereto desire to reach an understanding that will result in making the facilities and/or resources of :_____________________________ __________ available to ____ ____________(CBO Program) for the aforesaid use. Now, therefore, it is mutually agreed between parties as follows:

1.) __________________________ agrees that, after meeting its emergency responsibilities to staff/clients/customers/pupils/parishioners/members, it will permit, to the extent of its ability and upon request by ________________ (CBO Program) use of pre-designated facilities and/or resources identified in addendum #1, as use for victims of disaster in the _________________________ community.
____(CBO Program) and ____agree to cooperate in the selecting of facilities and or resources that will be listed in addendum #1.

2.) ____________________________________(CBO Program) agrees, when normal communications methods are possible, to follow the notification procedures outlined in addendum #2, when it needs to establish use of facilities an/or resources of: ____.

3.) ____________________________________ agrees that prior to releasing a facility and/or resources for use by __________________________________ (CBO Program), it will evaluate the facility and/or resources and secure any valuable property not required for our operations. ___________________________________ (CBO Program) agrees that it will exercise reasonable care in the conduct of its activities in such facilities an/or with resources and when provided with documented inventory and cost information, further agrees to replace or reimburse ____________________ _______________ for any foods, supplies, or damage to the facility or equipment arising from the conduct of ______________________________ __________ (CBO Program) activities. Upon termination of its use, _____ _______________________________ (CBO Program) agrees to leave the premises of any facilities utilized for its operations in their original condition.

4.) If facilities are used, ___________________(CBO Program) agrees to provide training to the appropriate members of the facility staff in mass care operations.

5.) _______________________________ agrees that when their personnel are used in conjunction with ________________(CBO Program) personnel, the ____(CBO Program) policies, regulations and procedures will be used during the operation. Use of ______ ________________ personnel as____________________ (CBO Program) volunteers will be based on a mutual agreement between the individual, ____ ____(CBO Program) and ____.
Should ______________________________(CBO Program) request that members of a facility be officially assigned to that facility, any agreement for financial reimbursement must be reached between ____________________________ (CBO Program) management and ___________________________________ within 48 hours of the request.

6.) A designee of ________________________ (CBO Program) management and ______________________________________ will meet periodically to evaluate the necessity for the continuation of operations with _______________ _____________________ and to resolve any other operational concerns.

7.) Not withstanding any other agreements, _________________________CBO Program) agrees to defend, hold harmless, and indemnify the ____________ __________________________ against any legal liability in respect to bodily injury, death, and property damage arising from the negligence of ________ ____(CBO Program) during its use of the property or resources belonging to the said _____________________.
In witness thereof, the governing board of the ________________________ has caused this agreement to be executed by the President of its governing board, and _____________________________________(CBO Program) has caused this agreement to become effective and operational upon the fixing of the last signature hereto.

Signatures to the agreement:

_______________________________ Chairman	__________________________ President
_______________________________ (CBO Program)	__________________________ Organization
_______________________________ Date	__________________________ Date

Appendix 1 — *MOU'S and Emergency Related Contracts with Alternate Sites*

Appendix 1 — *MOU'S and Emergency Related Contracts with American Red Cross*

Appendix 2.A — Volunteer Involvement

The Volunteer Center of _________County
PROGRAM REQUEST FORM FOR VOLUNTEERS

PLEASE PRINT Date _____________ Time _____________

Program ____

Program Contact ____

Phone: Day ____________________ Evening _______________ FAX_______________

Address ____

City/Zip ____

JOB TITLE ____

JOB DESCRIPTION ____

____

JOB CATEGORY:

- ☐ Interpreter (specify languages, including sign) __________________________
- ☐ Animal Care
- ☐ Animal Rescue
- ☐ Child Care
- ☐ Clean-up
- ☐ Computer
- ☐ Communications (ham radio, cellular)
- ☐ Construction
- ☐ Counseling
- ☐ Data entry
- ☐ Driving
- ☐ Food service
- ☐ Health Care
- ☐ Heavy Equipment
- ☐ Information & referral
- ☐ Office
- ☐ Phones
- ☐ Shelter Services
- ☐ Special populations (seniors, disabled)
- ☐ Other____

HOURS/DAYS NEEDED ____

EXPECTED DURATION ____

JOB LOCATION ____

Is site handicapped accessible? ☐ Yes ☐ No

Work site contact________________________ Work site phone ________________________

How should volunteer make contact (phone site, phone office, go to site, etc.) ___________

____

Special instructions, clothing, equipment or other necessities ________________________

____

NUMBER OF VOLUNTEERS NEEDED ____

FOR VOLUNTEER CENTER USE: INFORMATION TAKEN BY ________________________

*JOB NUMBER*__________________________ *DATA ENTRY DATE*____________________

Appendix 2.B — Tips on Managing Volunteers

PLAN CAREFULLY

1. Commit to providing trained leadership.
2. Set realistic goals for each day's work.
3. Help volunteers see where they fit in the "Big Picture."

ORGANIZE EFFECTIVELY

4. Refer to written checklists for each job to be done.
5. Create a master list of all jobs with a one-line description of each task and to whom volunteers report.

STAFF RESPONSIBLY

6. Assign volunteers based on their skills, interest and experience.
7. Train people in how to do their job; give them the information they will need for success as well as a vision of what the Program's Emergency Plan is doing.

SUPERVISE IN AN ENABLING WAY

8. Help people to be successful.
9. Praise their good work; correct errors immediately.
10. Help people feel important, included, valuable.
11. Watch for signs of burnout and rotate tasks or relieve volunteers appropriately.
12. Be specific, brief, clear in giving instructions.
13. Use humor to help people over the rough spots.
14. Always be fair.
15. Remind volunteers that their efforts are helping the entire community.
16. Keep people informed.
17. Watch for signals that people want increased responsibility.
18. Recognition, recognition, recognition.

Esther O'Donald: Courtesy of the Volunteer Centers of Alameda County

Appendix 3 —Information

Program Responsibilities

Before A Disaster:

1. Join and be an active member in your local emergency management group and/or geographic area.
2. Prepare your program and staff by following measures detailed in "Program Preparations: Steps to Take Before A Disaster"(See Section 1: Introduction).
3. Review this Program Emergency Plan and periodically update plan with new information.

After A Disaster:

1. Follow steps outlined in this emergency plan.
2. Contact your local City Office of Emergency Services for help or if you can offer resources.
3. Periodically send in your Program Status Report to appropriate lead program: (If in doubt as to whether an emergency is occurring, activate program emergency plan and send in your communication forms.)
    - Lead Emergency Management Partner Name
    - Address
    - Phone
    - Fax
    - Emergency Meeting Location:
    - Alternate Location
    - Contact Names

Refer to Communications Plan and Procedures in this section.

Appendix 3 — CILTS Information

Communications Plan (continued)

Note: These are two way communication channels.

- In the event of a major disaster, the participating agencies would report daily to their sites. If in doubt of whether an emergency is occurring, send in report anyway.
- After the second week following the disaster, reports will be made every other day. In subsequent weeks , reports will be made weekly or as needed.

Please Note: Participating agencies should also be in communication with their local city office of emergency services to request or offer resources.

Appendix 3 —Information
Program Status Report and Request Forms

The remainder of this Appendix contains the following forms:
STATUS REPORT
RESOURCES REQUEST

STATUS REPORT

Date ____________________________ Time___________________________

Program Name____

Contact Person____

Site Address____

____

City____________________________ State _________ Zip _____________

Phone _________________ Fax_________________ e-mail _____________

STATUS

_____**Full Operations** (Program providing all pre-disaster services and all utilities are functional.)

_____**Partial Operations/Services** (Program unable to provide some services due to disaster.)

Services unable to provide (please be specific)

____

____

____

____

_____**Partial Operations/Utilities** (Program providing some or all pre-disaster services--but some utility outages.) Check those that apply:

__ no gas __ no water __no electricity __no telephone

_____**Non-Operational** (Program unable to provide any services due to the disaster/emergency.)

Have you relocated? _____ Yes _____No

____ Relocation address:

____

____

____

___________________________________Phone_____________________Fax

____

Please report any neighborhood/community need or issues on reverse or attach on another sheet of paper.

RESOURCES REQUEST

Have you contacted your local city government? If not, stop and contact them first.

Date ____ Time _________________
Program Name____
Contact Person____
Site Address ____
____
City__________________________________ State ______ Zip __________
Phone _______________ Fax __________________ e-mail ________________

Did you contact your local city government? __ yes __ no

Program Name____
Contact Person____
Address ____
City/Program ______________________________ Phone__________________

Have you contacted other programs for resources?__ yes __ no

Program Name____
Contact Person____
Address ____
City/Program ______________________________ Phone__________________

Resources Requested (Provide detailed specifications: How many? What Kind? Include who can use these resources.) ____
____
____
____
____

Timeline (When are these resources needed?) ____________________________________
____
____
____